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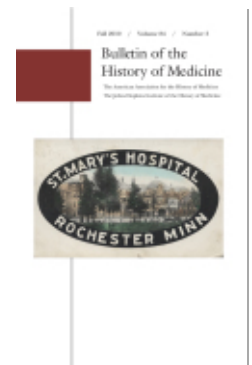
*CT Suite: The Work of Diagnosis in the Age of Noninvasive
Cutting* (review)

Anne Beaulieu

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This is a very readable and stimulating study, with much to offer those working on gynecology and obstetrics in other historical periods as well as having important insights into medicalization, modernity, national identity, migration, and education.

Helen King
University of Reading, UK

Barry F. Saunders. *CT Suite: The Work of Diagnosis in the Age of Noninvasive Cutting*. Durham, N.C.: Duke University Press, 2009. ix + 398 pp. Ill. \$89.95 (cloth, 978-0-8223-4104-8), \$24.95 (paperbound, 978-0-8223-4123-9).

Barry F. Saunders, anthropologist and MD, has written a magnificent book about the making of radiological knowledge with CT. *CT Suite* is a thorough investigation of the histories, practices, negotiations, and structures that enable radiological knowledge and diagnostic certainty. While billed by the publisher as an “ethnography,” Saunders’s project exceeds the usual boundaries of ethnographic inquiry. The author takes what is experienced and witnessed in participant observation in the CT suite as a starting point and proceeds to analyze the historical development of the particular cultural, material, and institutional forms witnessed ethnographically. Beside such scholarly accomplishments, the book also offers the means to make readers rethink their understanding of CT. Saunders “slices” the topic of CT in an unusual way that makes one look anew at this practice, drawing on anthropological wisdom regarding the value of making the familiar strange. The book is structured around a number of themes—reading and writing, cutting, diagnosing, curating, testifying, and teaching and exposition—each treated as a constituent of what it means to know through CT. Needless to say, this approach effectively decenters the “scanner” and highlights the complexity and embeddedness of CT as a way of knowing.

If this book’s accomplishments go beyond what the usual ethnography delivers, the advantages usually associated with ethnographic approaches also come to the fore. Using the well-known anthropological trope of the traveler, Saunders takes us along on his discovery of CT’s constitution and circulation. Through his accounts of participant observation sessions, he also conveys the engagement with the reading box, with colleagues, with the structures of a hospital of technicians, curators, and radiologists. This careful attention to relationships in context also yields a situated account of CT. Saunders shows how the specifically American conditions of medical practitioners’ liability and of restrictions on care modulated by health insurance, an elitist education system, and capitalist labor relations (among others, the availability of “cheap labor”) clearly imbue the work of radiological knowing and the conditions of his research.

One of the threads running through this analysis is the significance of what Saunders labels “intrigue.” In other words, CT scans are mobilized to provide answers to puzzles, to accomplish diagnostic work. Intrigue is shown to be a mode of organizing aspects of work with CT, whether at the view box, in teaching conferences, or in the archiving of scans. Saunders shows and analyzes the processes of formulation, negotiation, correlation, and revision of both questions and answers that make up the intrigue while also highlighting the commitment of professionals and technicians and their awareness of what is at stake in coming to a diagnosis. Using this motif of intrigue, Saunders uncovers deep links, for example between radiologists’ work and the narrative structure of an Edgar Allen Poe story. To discuss intrigue, Saunders therefore draws on medical and literary history as comfortably as on postmodernist and poststructuralist philosophy.

In other chapters, Saunders links the practices around CT to biomedical projects such as comparative anatomy, pathology, lesion-tissue correlations and autopsy, curatorial practices around photographs and specimens, and other projects of “identification” and intrigue resolution. Visual material is furthermore an integral part of the book. Photos of people at work with CT scanners and scans, historical photos of older technologies, sketches, artworks, and diagrams show the materiality, the physicality, and situatedness of CT work, and convey the richness of visual and technological cultures that shape CT scanning. This book details a specific period in medical imaging, at a point where digital technologies were entering the field. Many practices, as Saunders notes, have been since been reshaped by digital technologies. Not only can new studies benefit from using his admirable approach to analyze more recent developments, but his careful analysis is also an exemplary demonstration of the way imaging practices get introduced through reconfiguration rather than technological revolution.

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